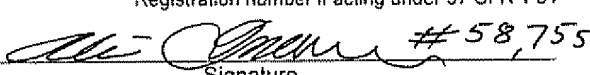



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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006		Docket Number (Optional) 5486-0194PUS1
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/792,122-Conf. #3925	Filed March 3, 2004	
For MECHANISM FOR EFFICIENCY IMPLEMENTING OBJECT MODEL ATTRIBUTES		
Art Unit 2162	Examiner A. Gofman	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120 00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed		
<input type="checkbox"/> Payment by credit card Form PTO-2038 is attached		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.		
I am the		
<input type="checkbox"/>	applicant/inventor	
<input type="checkbox"/>	assignee of record of the entire interest See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)	
<input checked="" type="checkbox"/>	attorney or agent of record Registration Number <u>29,680</u>	
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 _____	
 _____ Signature		<u>August 20, 2007</u> Date
 Michael K. Mutter _____ Typed or printed name		(703) 205-8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required see below		
<input type="checkbox"/>	Total of	1 forms are submitted